

**REQUEST FOR COST OF ATTENDANCE BUDGET INCREASE  
CHILD CARE EXPENSES**

Student Name: \_\_\_\_\_ Student Number : \_\_\_\_\_

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You may request to increase your Cost of Attendance budget and apply for additional financial aid to assist with child care expenses incurred during periods of enrollment (up to a maximum of \$375 per child per week) .

**Information Required:**

- f* Number of children 12 years of age or younger receiving child care: \_\_\_\_\_
- f* Number of children with a disability 14 years of age or younger receiving child care: \_\_\_\_\_
- f* Percentage of child care expenses you are responsible for paying (prior to receiving any benefits/assistance): \_\_\_\_\_%
- f* Are you or the other parent receiving child care assistance from some other source?

Yes                      No

If yes, please identify the source (s) and amount (s) of assistance you are receiving :

Source: \_\_\_\_\_

Amount: \_\_\_\_\_/week

**Documentation required:**

Documentation from the child care provider of child care expenses incurred by you for your dependent child(ren) during periods of enrollment must:

- f* Include contact information of the child care facility/provider
- f* List the name and age of each child receiving the care
  - o* For each child, indicate the weekly rate you pay and/or will pay
  - o* Provide the timeframe (dates) each child will receive care

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I certify that the information I have provided is true. I understand that misrepresentation of facts in connection with this form may be sufficient cause for cancellation or repayment of my financial aid . I also understand that I may be required to provide proof of payment (i.e ., invoices/billing statements showing payments made, cancelled checks, bank statements) for these expenses.